

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/3/03.

### I. DISPUTE

The original submission to Medical Dispute Resolution included dates of service (DOS) 10/9/02 through 12/31/02. The respondent made payments on all but DOS 12/30/02 and 12/31/02, therefore, this dispute is whether there should be additional reimbursement for CPT codes 97545-WH and 97546-WH, provided from dates of service (DOS) 12/30/02 through 12/31/02.

The respondent denials for these treatment/services were:

- 12/30/02, "M- Allowance for this procedure was made at the 'Fair & Reasonable' amount for this geographical area."
- 12/31/02, "F- Non-accredited interdisciplinary program. Payment reduced 20% below MAR or 20% below usual and customary."

### II. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
12/30/02	97545-WH-	\$128.00	\$102.40	M	\$128.00 (2 hrs) (2 hrs at \$64.00 hr= \$128.00)	MFG-MGR (II)(C) (II)(E)	Fair and reasonable or geographical areas are not valid denial issues. Requestor is CARF accredited.
12/31/02	97545-WH x 6 hr	\$128.00	\$102.40	F	\$128.00 (2 hrs) (2 hrs at \$64.00 hr= \$128.00)		Relevant information was received for review to support delivery of services, therefore additional reimbursement is recommended in the amount of:
12/30/02	97546-WH- x 6 hr	\$384.00	\$307.20	M	\$64.00 per hr. (6 hrs= \$384.00)		(\$128.00-\$102.40=) \$25.60 (\$128.00-\$102.40=) \$25.60 (\$384.00-\$307.20=) \$76.80 (\$384.00-\$51.20=) <u>\$332.80</u>
12/31/02	97546-WH x 6 hr	\$384.00	\$51.20	F	\$64.00 per hr. (6 hrs= \$384.00)		TOTAL <b>\$460.80</b>
TOTAL		\$1,024.00	\$563.20				The requestor is entitled to additional reimbursement in the amount of \$460.80.

### III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code(s) 97545-WH and 97546-WH. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$460.80** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 9<sup>th</sup> day of April 2004.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division  
CRL/crl